


EXAMPLE: Certificate of Insurance for Metro Special Events including Alcoholic Beverages

 = must have this verbiage at minimum



MALOOLD-01 PLOGAN
DATE (MM/DD/YYYY)
9/2/2015

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER NAME: _____ PHONE (A/C, No, Ex): _____ FAX (A/C, No): _____ E-MAIL: _____ ADDRESS: _____	CONTACT NAME: _____ PHONE (A/C, No, Ex): _____ FAX (A/C, No): _____ E-MAIL: _____ ADDRESS: _____
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INSURED <div style="border: 2px solid red; padding: 5px; margin: 5px;"> Event Producers to be insured for event </div>	INSURER(S) AFFORDING COVERAGE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>INSURER A</td><td>NAIC #</td></tr> <tr><td>INSURER B</td><td></td></tr> <tr><td>INSURER C</td><td></td></tr> <tr><td>INSURER D</td><td></td></tr> <tr><td>INSURER E</td><td></td></tr> <tr><td>INSURER F</td><td></td></tr> </table>	INSURER A	NAIC #	INSURER B		INSURER C		INSURER D		INSURER E		INSURER F	
INSURER A	NAIC #												
INSURER B													
INSURER C													
INSURER D													
INSURER E													
INSURER F													

COVERAGES
 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CERTIFICATE NUMBER:
 CSU0067160

REVISION NUMBER:

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR EXCL AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PROTECT <input type="checkbox"/> LOC OTHER _____ AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS LOW OWNED AUTOS HIRED AUTOS UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS MADE DEF RETENTION \$ _____ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) Yes, describe under _____ N/A	X	CSU0067160	02/15/2015	02/15/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (to premises) \$ 100,000 MED EXP (any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS COMPOD AGG \$ 2,000,000
A	Liquor Liability	X	CSU0067160	02/15/2015	02/15/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 2,000,000
A	Liquor Liability	X	CSU0067160	02/15/2015	02/15/2016	Occurrence \$ 1,000,000 Aggregate \$ 2,000,000

Event date must be within policy effective and expiration period.

Event Name & Date

THE LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT, ITS ELECTED AND APPOINTED, EMPLOYEES, AGENTS AND SUCCESSORS ARE INCLUDED AS ADDITIONAL INSUREDS FOR THE NAMED INSURED'S GENERAL LIABILITY AND LIQUOR COVERAGE

CERTIFICATE HOLDER
 Louisville Metro Government
 Metro Development Center
 4445 5th Street, Suite 100
 Louisville, KY 40250

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
 AUTHORIZED REPRESENTATIVE _____

Louisville Metro Government must be added as Certificate Holder.

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